




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04/20/2007 9:00:59 AM *****50.00
L06000088867

FILED
2007 MAY 16 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000088867					
1. Entity Name BA EQUITY VENTURES, LLC					
Principal Place of Business 2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			Mailing Address P.O. BOX 5403 FORT LAUDERDALE, FL 33310-5403		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04062007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEIFER, DAVID 2200 MUSEUM TOWER, 150 WEST FLAGLER STREET C/O STEARNS WEAVER MILLER WEISSLER MIAMI, FL 33130			Name Nguyen, Doquyen T.		
			Street Address (P.O. Box Number is Not Acceptable)		
			2100 West Cypress Creek Road		
			City Fort Lauderdale, FL Zip Code 33309		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Doquyen T. Nguyen DATE 4/26/2007					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR McClung, Jay C. 2100 West Cypress Creek Road Fort Lauderdale, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Snyder, Marcia 2100 West Cypress Creek Road Fort Lauderdale, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Toalson, Valerie C. 2100 West Cypress Creek Road Fort Lauderdale, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Valerie C. Toalson, Manager Date 4/27/07 Daytime Phone # 954-940-5000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					